

POC #2 Pg 11

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445272	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 10/10/2013
NAME OF PROVIDER OR SUPPLIER MABRY HEALTH CARE			STREET ADDRESS, CITY, STATE, ZIP CODE 1240 N GRUNDY QUARLES HWY P O BOX 7 GAINESBORO, TN 38562		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 000	INITIAL COMMENTS During the annual recertification survey conducted on October 7-10, 2013, at Mabry Health Care, investigation of complaint #31991, was conducted in conjunction with the survey. The complaint was substantiated and deficient practice was cited under 42 CFR PART 483, Requirements for Long Term Care.	F 000			
F 158 SS=D	483.10(b)(2) RIGHT TO ACCESS/PURCHASE COPIES OF RECORDS The resident or his or her legal representative has the right upon an oral or written request, to access all records pertaining to himself or herself including current clinical records within 24 hours (excluding weekends and holidays); and after receipt of his or her records for inspection, to purchase at a cost not to exceed the community standard photocopies of the records or any portions of them upon request and 2 working days advance notice to the facility. This REQUIREMENT is not met as evidenced by: Based on medical record review and interviews, the facility failed to allow the legal representative to purchase or view medical records for one resident (#98) of thirty-one residents reviewed. The findings included: Resident #98 was admitted to the facility on March 19, 2013, with diagnoses of Altered Mental State, Urine and Fecal Incontinence, Atrial Fibrillation, Congestive Heart Failure, Diabetes Mellitus II, Hypertension, Pulmonary Hypertension, Anxiety, Open Reduction Internal	F 153	F 153 SS=D Corrective Action: 1. Resident # 98: Upon family request, administrative personnel will review the medical record with the family and inform the family of fee for the copied medical records. Then the medical records will be released within 2 working days of notice to the facility. 2. 11/01/13 Social services and admissions coordinator conducted an audit regarding the release of medical records for other residents residing in the facility. No other requests were found. 3. 11/04/13 The policy and procedure regarding the release of medical records was revised; see attached policy and procedure. 4. The administrator will be informed of any resident and/or his or her legal representative of an oral or written request to view or purchase medical records. Social services will monitor monthly of such requests for six months. Social services will report to the QAPI team every other month of any releases of medical records.		11-04-13

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Kathleen M. Graves

Adm

10-28-2013

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 30 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/18/2013
FORM APPROVED
OMB NO. 0938-0391

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F 153	Continued From page 1 Fixation of the Femur, Septicemia, and History of Deep Vein Thrombosis. Review of medical records revealed resident #98 was transferred to a hospital on March 25, 2013, at 7:10 a.m., after the resident was found unresponsive. The resident was discharged from the facility on March 28, 2013, after the family removed all personal belongings from the resident's room. Medical record review of a nurse's note dated March 28, 2013, revealed, "...Family here and wanted copy of medical records..." Interview with the Power of Attorney (POA) on October 11, 2013, at 8:35 a.m., by telephone, revealed the facility refused to allow the POA to purchase a copy of the medical records. Interview with an attorney representing a family member of resident #98 revealed, "My client's (parent) is deceased and my client has asked for the medical records and the facility refused. I have also sent three letters to the facility with requests for copies of the medical records and the facility has not acknowledged my letters." Interview with the Administrator by telephone on October 8, 2013, at 5:05 p.m., confirmed, "I am not going to give my records to anyone unless they go through my attorney."	F 153			
F 161 SS=C	complaint #31991 483.10(c)(7) SURETY BOND - SECURITY OF PERSONAL FUNDS The facility must purchase a surety bond, or	F 161			

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F 161	Continued From page 2 otherwise provide assurance satisfactory to the Secretary, to assure the security of all personal funds of residents deposited with the facility. This REQUIREMENT is not met as evidenced by: Based on review of facility records and interview, the facility failed to provide a Surety Bond to at least equal the residents' personal funds balance. The findings include: Review of the balance sheet for the residents' personal funds dated September 30, 2013, revealed a total balance of \$69,209.44. Review of a facility letter from the insurance company dated August 17, 2013, revealed a surety bond amount of \$35,000.00 with the effective date of November 15, 2005. Interview with the Billing Administrator on October 8, 2013, at 3:00 p.m., in the front office, confirmed the facility failed to ensure a surety bond at least equal to the residents' funds balance.	F 161	F 161 SS=C Corrective Action: 1. Human resource personnel interviewed by the administrator on 10/22/13 regarding the CFR: 483.10(c)(7). 2. The facility purchased extra surety bond coverage on 10/10/13 to the amount of 65,000 dollars to assure the security of all personal funds of residents deposited with the facility. 3. (a) A monthly audit of the balance of all residents' personal funds will be conducted by human resource personnel and compared with the surety bond value. (b) Human resource personnel will notify the administrator when the unexhausted surety bond coverage is within 5,000 dollars of the value. (c) A copy of the monthly audit will be given to the administrator and to the director of nursing. (d) A policy & procedure established on 10/22/13; see attached. 4. The monthly audit of residents' personal funds and surety bond value will be reported the QAPI team every other month.		10-22-13
F 241 SS=D	483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality. This REQUIREMENT is not met as evidenced	F 241			

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: F4M11

Facility ID: TN4401

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F 241	Continued From page 3 by: Based on observation and interview, the facility failed to maintain dignity and respect while administering medications during a meal for one resident (#5) of fifteen residents observed in the D hall dining room. The findings included: Observation of the lunch meal in the D hall dining room on October 7, 2013, at 11:25 a.m., revealed Licensed Practical Nurse (LPN) #1 administered Trazadone (an Antidepressant) to resident #5 as the resident was eating. (Trazadone is not required to be administered with food.) Continued observation revealed the LPN crushed the medication, mixed it with food, and administered the medication on a wooden tongue depressor. Interview with LPN #1 on October 7, 2013, at 11:30 a.m., in the hallway, revealed the resident was given the medication "because it was time". Continued interview with LPN #1 confirmed the medication was administered with a tongue depressor because "...they are cheaper, we do have spoons if the resident requests."	F 241	F 241 SS=D Corrective Action: 1. LPN #1 inserviced by the director of nursing on 10/21/13 regarding the institutional medication pass practices that interfere with the quality of the residents' dining experience and dignity and respect of individuality. 2. On 10/21/13 the director of nursing and the assistant director of nursing placed plastic spoons on medication carts and informed medication nurses that wooden tongue depressors will no longer be utilized for administering medications. A notice of the new practice was placed in all medication rooms. 3. On 10/25/13 all licensed nurses were inserviced on the following: (a) Institutional medication pass practices that interfere with the quality of residents' dining experience. (b) Dignity and respect of individuality. 4. The director of nursing and/or the assistant director nursing will conduct visual audits of medication pass on 2 residents of each hall for: (a) Three times per week times four weeks (b) Two times per week times four weeks (c) One time per week times four weeks (d) And/or until 100% compliance achieved. The visual audits will be reported to the QAPI team every other month.		
F 250 SS=D	483.15(g)(1) PROVISION OF MEDICALLY RELATED SOCIAL SERVICE The facility must provide medically-related social services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident. This REQUIREMENT is not met as evidenced	F 250		10-25-13	

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F 250	Continued From page 4 by: Based on medical record review and interview, the facility failed to provide medically-related psychiatric services for two residents (#56, #14) of thirty-one residents reviewed. The findings included: Resident #56 was admitted to the facility on April 21, 2013, with diagnoses including Senile Dementia, Alzheimer's Disease, Hypertension, Depression, and Psychosis. Medical record review of a 30 day Minimum Data Set (MDS) dated September 18, 2013, revealed the resident was severely cognitively impaired. Medical record review of a Comprehensive Progress Note signed and dated April 22, 2013, by the Nurse Practitioner (NP) revealed the resident was "...very tearful...c/o (complain of) sadness, want to go home..." Continued review of the progress note revealed, "...will be seen by psych (psychiatric)..." Medical record review of the resident's Care Plan last updated September 4, 2013, revealed, "...Problem #8...Risk for developing adverse effects to psychotropic medications..." Continued review of the resident's Care Plan revealed, "...Problem #15...Mood disturbances r/t (related to) depression/psychosis AEB (as evidenced by) becomes tearful at times, withdrawn with decreased socialization, little interest in activities, appetite disturbances. Recent history of refusing to eat or take medications (improving)..." Medical record review revealed no documentation the resident was seen by psychiatric services.	F 250	F 250 SS= D Corrective Action: 1. Resident #56 was seen by Medical Psychology Consultant on 10/25/13. Resident #14 was seen by Medical Psychology Consultants on 10/16/13. 2. On October 25, 2013 social services conducted an audit on all residents residing in the facility for PASRR review and for the need of psychiatric services. 3. (a) Physician's orders for psychiatric care will be copied and given to social services to arrange psychiatric care. (b) The director of nursing and/or the assistant director of nursing will review all new admissions for PASRR level and the need for psychiatric services. If psychiatric services needed, social services will be notified to arrange psychiatric services. (c) Licensed nurses and social services inserviced on 10/25/13 regarding communicating and arranging psychiatric services. 4. Social services will also conduct a chart audit on all new admissions for PASRR level and the need of psychiatric services. The audit will be reported to the QAPI team every other month.	10-25-13	

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F 250	Continued From page 5 Interview with the Social Services Coordinator October 9, 2013, at 9:28 a.m., in the Admissions Coordinator's office, revealed the Social Services Coordinator was responsible for obtaining consents from the resident or family when psychiatric services were recommended. Continued interview with the Social Services Coordinator confirmed the Social Services Coordinator was aware the resident had been referred to psychiatric services and had contacted the resident's family to obtain the consent for services. Further interview revealed the Social Services Coordinator had contacted the resident's family but "...hadn't heard back from them..." Continued interview with the Social Services Coordinator confirmed the resident had been referred for psychiatric services from the NP and confirmed the resident had not received psychiatric services. Resident #14 was admitted to the facility on August 6, 2013, with diagnoses including Hypertension, Coronary Artery Disease, Diabetes Mellitus, Hyperlipidemia, Arthritis, Pressure Ulcers, Depressive Disorder and Esophageal Reflux. Review of the Pre-Admission Screening and Resident Review (PASRR) revealed: "...1. Disability Status as indicated by this PASRR Assessment: Serious Mental Illness...8.Rehabilitative Services (Services of Lesser Intensity) Recommendations...Psychiatric Consultation...Outpatient Psychiatric...Psychosocial Rehabilitation...will benefit from a behavioral based plan of care...will benefit from psychiatric consultation...will benefit from a referral to a community services provider	F 250			

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F 250	Continued From page 6 for transition to community level of care..." Medical record review revealed no documentation the resident had received a psychiatric consult or psychiatric services as recommended on the PASRR. Interview with the Director of Nursing on October 9, 2013, at 12:55 p.m., at C Nurses Station, confirmed the resident did not receive a psychiatric consultation, outpatient psychiatric services, or any psychosocial rehabilitation as recommended by the PASRR.	F 250	Corrective Action: 1. On 10/09/13 new sheet pans were bought during the survey to replace all old ones. Dietary employees were inserviced on 10/08/13 by consulting registered dietitian to ensure to wash the inside of sheet pans and to report any buildup of carbon to the dietary manager. 2. Coffee machine was immediately cleaned by dietary manager on survey rounds on 10/07/13. New dispensing spouts have been ordered to replace old spouts. Dietary manager will monitor cleaning of coffee machine.		
F 371 SS=F	483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed maintain a clean and sanitary kitchen and failed to store food under sanitary conditions in the dietary department. The findings included: Observation with the Dietary Manager on September 30, 2013, at 9:10 a.m., in the kitchen	F 371	1. Both plastic bags of chicken were disposed of during the survey by dietary manager. No residents were harmed by chicken. Dietary employees were inserviced on 10/08/13 by consulting registered dietitian about covering and securing food in refrigerator. Dietary manager will monitor for proper food storage. 2. After the surveyor took the temperature of one glass of milk of the fourteen glasses of milk; temperature was at 43 degrees. All glasses of milk were discarded. No residents were harmed by any milk products. Dietary employees were inserviced on 10/08/13 by consulting registered dietitian to separate milks by carts for tray line; leaving the rest of the milk products in refrigerator until serving time. Dietary manager will monitor serving temperatures.	10-25-13	

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F 371	Continued From page 7 revealed: 1. Ten of ten sheet pans with a black crusty substance on the inside sides and the inside bottom corners. 2. One of one coffee machine with a brown substance on the back splash and a white crusty substance on the dispensing spouts. Observation with the Dietary Manager in the kitchen, on October 7, 2013, at 11:15 a.m., revealed: 1. One of two plastic bags of raw chicken, open and exposed, sitting on the bottom shelf, in a metal pan, in the walk in cooler. 2. Seven of seven glasses of two percent milk, five of five glasses of skim milk, and two of two glasses of whole milk at forty-three degrees, sitting on a rolling cart near the serving line. Interview with the Dietary Manager on October 7, 2013, at 11:15 a.m., in the kitchen, confirmed the kitchen was not maintained in a clean and sanitary manner and food was not stored under sanitary conditions.	F 371			
F 431 SS=D	483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. Drugs and biologicals used in the facility must be	F 431			

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F 431	<p>Continued From page 8</p> <p>labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable.</p> <p>In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.</p> <p>The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, review of facility policy, and interview, the facility failed to ensure all medications and biologicals were discarded prior to the expiration date for one of three medication carts; and for one of two medication rooms.</p> <p>The findings included:</p> <p>Observation of the C hall medication cart on October 9, 2013, at 4:25 p.m., on the C hall, revealed an open multi-dose vial of Lidocaine 1% with an open date of August 12, 2013.</p>	F 431	<p>F 431 SS= D</p> <p>Corrective Action:</p> <ol style="list-style-type: none"> 1. On 10/25/13 all licensed nursing staff were inserviced by the DON and ADON regarding the disposal of expired drug vials. 2. On 10/24/13 the DON and ADON inspected all medication room for expired drug vials; none were found 3. All opened insulin and multi-dose vials will be checked at the beginning of each shift with the off-going and the on-coming nurse for expirations. A form of documentation will be provided for compliance checks. See attached form. 4. The DON and the ADON will conduct visual audits of all medication rooms for expired drug vials. Visual audits will be conducted: <ul style="list-style-type: none"> (a) five times per week times four weeks (b) three times per week times four weeks (c) two times per week times four weeks (d) and/or until 100% compliance achieved. Results of the visual audits will be reported to the QAPI team every other month. 	10-25-13	

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F 431	Continued From page 9 Review of the facility policy General Storage guidelines for Multi-dose and Single-dose Vials revealed, "...Multi-dose vials may be used for thirty (30) days after entry into vial..." Interview with Licensed Practical Nurse (LPN) #4 on October 9, 2013, at 4:25 p.m., on the C hall, confirmed the multi-dose vial of Lidocaine 1% was expired and available for use. Observation of the A/B/C hall medication room and interview with LPN #5 on October 9, 2013, at 4:30 p.m., revealed one bottle of Novolin R Insulin, opened and dated September 8, 2013. Continued observation of the A/B/C hall medication room revealed two bottles of Regan-Lowe Medium (laboratory medium used for Bordetella Pertussis and Paraperussis) with the manufacturer's expiration date of August 19, 2013. Review of the facility policy titled, "General Insulin storage Guidelines" revealed, "...Insulin that is currently in use may be kept at room temperature for thirty (30) days ...after thirty (30) days, insulin opened and stored at room temperature should be discarded..." Interview in the medication room on October 9, 2013, at 4:30 p.m., with LPN #5, confirmed the facility failed to ensure the medications and biologics were discarded prior to expiration.	F 431			
F 441 SS=D	483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS The facility must establish and maintain an infection Control Program designed to provide a safe, sanitary and comfortable environment and	F 441			

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9312689241 P 14/22

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F 441	<p>Continued From page 10</p> <p>to help prevent the development and transmission of disease and infection.</p> <p>(a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections.</p> <p>(b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease. (3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.</p> <p>(c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to maintain a sanitary shower room for two of six showers.</p>	F 441	<p>F 441 SS= b</p> <p>Corrective Action:</p> <ol style="list-style-type: none"> On 10/24/13 the DON and the ADON conducted a visual inspection of all bathrooms and shower rooms; no soiled linen/clothing or unsanitary conditions found. On 10/25/13 all licensed nurses, nursing assistants, and housekeeping inserviced by the DON and ADON regarding the revision of infection control policy. The infection control policy revised; see attached. The DON and/or the ADON will conduct visual audits of all shower rooms and bathrooms for soiled linen/clothing and unsanitary conditions. The audit will be conducted as follows: (a) Five times per week times four weeks (b) Three times per week times four weeks (c) Two times per week times four weeks (d) And/or until 100% compliance achieved. The audit will be report to the QAPI team every other month. 	10-25-13	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445272	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 10/10/2013
NAME OF PROVIDER OR SUPPLIER MABRY HEALTH CARE			STREET ADDRESS, CITY, STATE, ZIP CODE 1340 N GRUNDY QUARLES HWY P O BOX 7 GAINESBORO, TN 38562		
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F 441	Continued From page 11 The findings included: Observation during the initial tour on October 7, 2013, at 9:12 a.m., revealed in the A hall shower, one wash cloth covered with brown debris in the bottom of the shower. Interview with Certified Nursing Assistant (CNA) #5 on October 7, 2013, at 9:15 a.m., in the A hall shower room, confirmed there was a dirty wash cloth in the bottom of the shower. Observation during the initial tour on October 7, 2013, at 9:18 a.m., revealed in the B hall shower, one wash cloth covered with brown debris in the bottom of the shower. Interview with the Assistant Social Worker on October 7, 2013, at 9:20 a.m., in the B hall shower room, confirmed there was a dirty wash cloth in the bottom of the shower. Observation of the A hall shower room and interview with CNA #8 on October 7, 2013, at 3:11 p.m., revealed a black substance in the grout lines on the front, left side floor, and the right side of the shower stall. Continued interview with CNA #8 confirmed the black substance does "...occur from time to time..." and the CNA would notify housekeeping of the need to clean the shower.	F 441			
F 494 SS=C	483.75(e)(2)-(3) NURSE AIDE WORK > 4 MO - TRAINING/COMPETENCY A facility must not use any individual working in the facility as a nurse aide for more than 4 months, on a full-time basis, unless that individual is competent to provide nursing and nursing	F 494			

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DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445272	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 10/10/2013
NAME OF PROVIDER OR SUPPLIER MABRY HEALTH CARE			STREET ADDRESS, CITY, STATE, ZIP CODE 1340 N GRUNDY QUARLES HWY P O BOX 7 GAINESBORO, TN 38582		
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F 494	<p>Continued From page 12</p> <p>related services; and that individual has completed a training and competency evaluation program, or a competency evaluation program approved by the State as meeting the requirements of §483.151-483.154 of this part; or that individual has been deemed or determined competent as provided in §483.150(a) and (b).</p> <p>A facility must not use on a temporary, per diem, leased, or any basis other than a permanent employee any individual who does not meet the requirements in paragraphs (e)(2)(i) and (ii) of this section.</p> <p>Nurse aides do not include those individuals who furnish services to residents only as paid feeding assistants as defined in §488.301 of this chapter.</p> <p>This REQUIREMENT is not met as evidenced by: Based on review of the CFR Title 42, Volume 3, PART 483 Requirements for States and Long Term Care Facilities (Nurse Aide Training Programs), review of the facility Nurse Aide Training Program, review of personnel files, review payroll register, and interview, the facility failed to ensure no nurse aide was charged for any portion of the program.</p> <p>The findings included:</p> <p>Review of the Requirements for States and Long Term Care (LTC) Nurse Aide Training Requirements revealed, "...Sec.483.152(c) Prohibition of charges. (1) No nurse aide who is</p>	F 494	<p>F 494 55- C</p> <p>Corrective Action:</p> <p>1 & 2. Nursing assistants that take the class at Mabry Health Care & Rehab Center will not be required to sign a contractual agreement with the facility regarding charging for the NA class.</p> <p>3. Human resource personnel was inserviced by the administrator on 10/24/13 regarding the charging NA classes.</p> <p>4. The administrator will monitor monthly to ensure that compliance is met. All nursing assistants that take the class at Mabry Health Care & Rehab Center will reported and reviewed by the QAPI team every other month.</p>	10-24-13	

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NAME OF PROVIDER OR SUPPLIER MABRY HEALTH CARE			STREET ADDRESS, CITY, STATE, ZIP CODE 1340 N GRUNDY QUARLES HWY P O BOX 7 GAINESBORO, TN 38562		
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F 494	<p>Continued From page 13</p> <p>employed by, or who has received an offer of employment from, a facility on the date on which the aide begins a nurse aide training and competency evaluation program may be charged for any portion of the program..."</p> <p>Review of the Nurse Aide Training (NAT) Program with the Assistant Director of Nursing (ADON) in the ADON office on October 10, 2013, at 7:26 a.m., revealed the facility conducted the most recent NAT class in August 2013.</p> <p>Review of the personnel files for Nurse Aides #1, #2, and #4, revealed a signed and dated document titled C.N.A. Classes. Review of the document revealed, "C.N.A. (Certified Nursing Assistant) classes are offered at a cost of \$300.00. You must be employed at least 6 months full-time after being certified with Mabry Health & Rehab Center for these fees to be waived. If you quit or are terminated due to an unsatisfactory probationary period prior to 6 months of employment, you will be required to pay for your class. I agree to have this fee taken out of my paycheck. You have to work full-time also."</p> <p>Review of the personnel files of Nurse Aides #1 and #2 revealed they were in the most recent NAT class. Review of the files revealed the document titled C.N.A. Classes were signed and dated August 16, 2013. Review of the personnel file for aide #4 revealed the document was signed and dated June 21, 2013. Continued review revealed each of the nurse aides were full-time employees of the facility.</p> <p>Review of the facility's payroll register period ending July 31, 2012, revealed \$300.00 was</p>	F 494			

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F 494	<p>Continued From page 14</p> <p>deducted from Nurse Aide #7's payroll check for educational fee.</p> <p>Review of the facility's payroll register period ending August 31, 2012, revealed \$300.00 was deducted from Nurse Aide #8's payroll check for educational fee.</p> <p>Interview with CNA #1 in the A Hall on October 9, 2013, at 1:11 p.m., revealed, "I am not sure if they take the money out of my check for the class or not...I know I have to pay for the class if I get fired or quit before 6 months."</p> <p>Interview with the NAT Program Instructor/ADON in the ADON office on October 10, 2013, at 7:35 a.m., revealed the Nurse Aides were required to work for six months after the class or were charged for the class "because they would come to this class and then go work somewhere else."</p> <p>Interview with the Human Resources employee in the administrative office on October 10, 2013, at 9:20 a.m., revealed the facility had charged both employees and non-employees for the NAT class. Continued interview confirmed Nurse Aide #7 and #8 were employees of the facility and attended the facility's NAT program, "and did not stay for 6 months after class." Continued interview revealed, "We have charged them if they quit before 6 months of employment...we take it out of their last check...we have not done it since we found out we were not supposed to...in April." Continued interview confirmed the "contract" to be charged for the class was signed by the Nurse Aides in August, and confirmed the facility failed to ensure the Nurse Aides were not charged for the program.</p>	F 494			